OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY DUNS #: Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) (Tel) (Fax) Email 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) H. Independent School Dist. A. State 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Continuation Revision **✓** New D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization B. Decrease Award C. Increase Duration G. Special District N. Non-Profit A. Increase Award O. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 9 6 6 5 1 TITLE: Environmental Education Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: b. Project Start Date **Ending Date** a. Applicant 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal \$ a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE 00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant \$ PROCESS FOR REVIEW ON: 00 c. State \$ DATE _____ 00 d. Local \$ b. No. PROGRAM IS NOT COVERED BY E. O. 12372

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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

b. Title

Previous Edition Usable Authorized for Local Reproduction

a. Type Name of Authorized Representative

d. Signature of Authorized Representative

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\$

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

e. Other

g. TOTAL

f. Program Income

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

c. Telephone Number

e. Date Signed

FOR REVIEW

Yes If "Yes," attach an explanation.

6. Object Class Categories a. Personnel b. Fringe Benefits c. Travel d. Equipment e. Supplies f. Contractual XXXXXXXXXXX g. Construction XXXXXXXXXXX XXXXXXXXXXX h. Other i. Total Direct Charge (sum of 6a-6h) j. Indirect Charges k. TOTALS (sum of 6i and 6j) 7. Program Income \$